



MANUFACTURED HOME APPRAISAL REPORT

RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 1-1/2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.

INSTRUCTIONS TO APPRAISER: In no event will the value estimate include or recognize items which are not a part of the manufactured home; e.g. step(s), skirting, added on porch(es), patio(s) ramada(s), storage shed(s), carport(s), landscaping, fencing, HOME SITE OR PARK LOCATION ADJUSTMENTS, ETC.

| | | | | | | | | |
|---|---------------------------------|------------------|--|------------|---|---|------------------------|-----------------|
| 1. NAME AND ADDRESS OF PERSON OR FIRM MAKING REQUEST | | | | | | 2. LOAN NUMBER | | |
| 3. LOCATION OF MANUFACTURED HOME | | | | | | 4. IF PRESENTLY FINANCED WITH VA LOAN, SHOW LOAN NUMBER AND LOCATION OF LOAN FILE | | |
| 5A. YEAR | 5B. MANUFACTURER (Include Make) | 5C. MODEL NUMBER | 5D. SERIAL NUMBER | 5E. LENGTH | 5G. SECTION(S) | | | |
| | | | | 5F. WIDTH | <input type="checkbox"/> SINGLE <input type="checkbox"/> MULTI (Specify) | | | |
| 6. MANUFACTURED HOME WAS CONSTRUCTED FOR USE IN THIS GEOGRAPHIC AREA | | | | | | 7. OCCUPANCY DATA | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNABLE TO ASCERTAIN (If "No" is checked, indicate area) | | | | | | <input type="checkbox"/> OCCUPIED <input type="checkbox"/> VACANT | | |
| 8. CONDITION OF UNIT AND COST OF REPAIRS | | | | | | | | |
| DESCRIPTION | CONDITION | COST OF REPAIRS | DESCRIPTION | CONDITION | COST OF REPAIRS | DESCRIPTION | CONDITION | COST OF REPAIRS |
| TIRES, WHEELS, AXELS | | | REFRIGERATOR | | | DOORS | | |
| HITCH | | | STOVE | | | PAINT | | |
| OUTSIDE PANELING | | | KITCHEN SINK | | | SUBFLOOR | | |
| WINDOWS | | | CABINETS | | | GARBAGE DISPOSAL | | |
| ROOF | | | HOT WATER HEATER | | | DRYER | | |
| FLOOR | | | FURNACE | | | DISHWASHER | | |
| WALLS AND CEILING | | | BATHROOM | | | AUTOMATIC DISHWASHER | | |
| COUCH AND CHAIRS | | | BATHROOM FIXTURES | | | AIR CONDITIONER | | |
| DRAPES | | | CARPETING | | | EVAPORATIVE COOLER | | |
| DINETTE SET | | | BEDS | | | GARBAGE COMPACTOR | | |
| 9. ADDITIONAL EQUIPMENT (Condition and description of any repairs and repair cost) (If additional space is necessary, use reverse) | | | | | | | | |
| 10. TOTAL COST OF REPAIRS | | | 11. MEETS MPR'S | | | 12. THIS MANUFACTURED HOME HAS: | | |
| \$ | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | <input type="checkbox"/> EMERGENCY EXIT FROM SLEEPING ROOMS <input type="checkbox"/> TWO EXIT DOORS REMOTE FROM EACH OTHER <input type="checkbox"/> SMOKE DETECTION DEVICE | | |
| 13. ESTIMATED REMAINING PHYSICAL LIFE OF UNIT | 14A. NAME OF BOOK | | 14B. BOOK EDITION DATE | | 14C. APPRAISAL IS MADE | | 14D. RETAIL BOOK VALUE | |
| YEARS | | | | | <input type="checkbox"/> "AS IS" <input type="checkbox"/> SUBJECT TO REPAIRS | | | |
| I HEREBY CERTIFY THAT (a) I have carefully viewed the property described in this report, INSIDE AND OUTSIDE, that (b) it is the same property that is identified by description in my appraisal assignment; that (c) I HAVE NOT RECEIVED, HAVE NO AGREEMENT TO RECEIVE, NOR WILL I ACCEPT FROM ANY PARTY ANY GRATUITY OR EMOLUMENT OTHER THAN MY APPRAISAL FEE FOR MAKING THIS APPRAISAL; that (d) I have no interest, present or prospective, in the applicant, seller, property, or mortgage; that (e) in arriving at the estimated reasonable value I have not been influenced in any manner whatsoever by the race, religion, sex or national origin of any person residing in the property or the neighborhood wherein it is located. I understand that violation of this certification can result in removal from the fee appraiser's roster. | | | | | | | | |
| 15A. SIGNATURE OF APPRAISER | | | | | | | 15B. DATE SIGNED | |

ATTACH PHOTOGRAPHS HERE - (2 VIEWS)